FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # **F78860**

1. Corporation Name

RUTH'S MAID SERVICE, INC.

Principal Place of Business

Mailing Address

5245 37TH STREET SOUTH ST PETERSBURG FL 33711

5245 37TH STREET SOUTH ST PETERSBURG FL 33711

FILED Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90052 003 ***150.00



DO NOT WRITE IN THIS SPACE

	•						Date Incorporated or Qualifed 05/04/1982			
2 Principal D	ace of Business	2a. Mailing Ad	dross				FEI Number			Applied For
-	ace of business	26	di coo				59-2281926		<u> </u>	Not Applicable
21 Suite Ant	# etc	Suite, Apt.	# etc.							Additional
Suite, Apt. #, etc.		27	⊢			5. Certificate of Status Desired				
City & State City & State									May Be	
23		28					Trust Fund Contribution		Adde	ed to Fees
Zip	Country	Zip	Zip Country			8.	This corporation owes the curre	ent year Int		
24	25			0			Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Current	t Registered Agen	ıt	\bot		10.	Name and Address of New R	egistered .	Agent	_
124124	1144			81	Name					
WILL		82 Street Address (P.O. Box Number is Not Accep			hle)		<u></u>			
1617 31ST STREET SOUTH					Street Address (F.O. Box Namber is Not Acceptable)					
ST P	ETERSBURG FL 33712		:	83	77 ~	_` _			~···	**
	•			ļ					11-4	
	•			84	City			FI	85 Zi	ip Code
dd Dissource	to the provisions of Sections 607.0502	2 and 607 1509 El	orida Statutee the	above	a-named corp	oration	submits this statement for the	numose of	changing	its registered
office or r	egistered agent, or both, in the State o	of Florida. Such ch	ange was authoriz	ed by	the corporation	on's bo	ard of directors. I hereby accep	t the appoir	ntment as	registered
agent. I a	m familiar with, and accept the obligat	ions of, Section 60	7.0505, Florida Sta	atutes	•					
SIGNATURE										
	Signature, typed or printed name of registered agen				t signature require			DATE	D DIDEO	T000 III 40
12.	OFFICERS AN		13			A	ADDITIONS/CHANGES TO OF	HICERS AN		
TITLE	PD		DELETE 1,1	TITLE					Chang	je 🗌 Addition
NAME	GOLSON, C RUTH		1.2	NAME						
STREET ADDRESS	5245 37TH STREET SOUTH		1.3	STREET	ADDRESS					
CITY-ST-ZIP	ST PETERSBURG FL		1.4	CITY-S	r-zip					
TITLE	STD			TITLE					☐ Chang	e Addition
NAME	GOLSON, JOYCE L		2.2	NAME	}					
	5245 37TH STREET SOUTH				ADDRESS					
STREET ADDRESS	ST PETERSBURG FL				.					
CITY-ST-ZIP				CITY-S	11-2117				[Chang	e Addition
TITLE	D COMP NA LONG			TITLE		2				,- L,,,,,,,,,
NAME	SIMS, M. LOIS			NAME						
STREET ADDRESS	5245 37TH STREET SOUTH		3.3	STREET	ADDRESS					
~ CITY-ST-ZIP	ST PETERSBURG FL	·		CITY-S	T-ZIP				Pers	
TITLE	,		DELETE 4.1	TITLE				,m -	Chang	le
NAME			4.2	NAME						
STREET ADDRESS			4.3	STREET	TADDRESS					
CITY-ST-ZIP			4.4	CITY-S	T-ZIP					
TITLE	· · · · · · · · · · · · · · · · · · ·			TITLE					☐ Chang	ge Addition
NAME		_		NAME				• .		
			53	STREET	ADDRESS					
STREET ADDRESS				CITY-S	ì					
CITY-ST-ZIP				TITLE	1-6JF				Chang	ge 🗌 Addition
TITLE			BLEET					•		se Hadding
NAME				NAME						
STREET ADDRESS			6.3	STREE	F ADDRESS				•	
CITY-ST-ZIP			6.4	CITY-S	T-ZIP		·			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: